



DRAFT

Minutes from the Dental Advisory Committee (DAC)
DMAS 11AM – 1PM
October 26, 2007

DAC Members Present	DAC Members Absent
Dr. Lynn Browder	Dr. Ann McDonald
Dr. Carl Atkins	Dr. Randy Adams
Dr. Kristine Drummond	Dr. Frank Farrington
Dr. Terry Dickinson	Dr. Joe Paget, Jr.
Dr. David Strange	Dr. Neil Morrison
Dr. Ivan Schiff	Dr. John Unkel
Dr. Girish Banaji	Dr. John Ashby
Dr. Cynthia Southern	Dr. Karen Day
Dr. Tegwyn Brickhouse	Ms. Linda S. Bohanon
Dr. Bhavna Shroff	Mr. Neal Graham
Mr. Chuck Duvall	Dr. Zachary Hairston
Sylvia Walton and Karen Curry (for Dr. Hamer)	

DMAS Attendees	Doral Attendees
Patrick Finnerty	Lori Howley
Bryan Tomlinson	Cheryl Harris
Dr. Marjorie Chema	Anna Perez
Sandra Brown	Kristen Gilliam
Lisa Bilik	Other
Lisa Ware	Dr. Marlene Navedo, Kool Smiles
Donna Garrett	Sarah Holland, VHCF
	Petrina Jones, The Vectre Corporation
	Dr. Burt Edelstein, CDHP (by Phone)

Welcome

Mr. Finnerty opened the meeting at 11:00 a.m. He introduced new Committee member, Dr. Bhavna Shroff, Professor and Graduate Program Director from the Department of Orthodontics at VCU School of Dentistry. He also introduced the new DMAS Dental Consultant, Dr. Marjorie Chema. Mr. Finnerty acknowledged the retirement of Dr. Stephen Riggs, former DMAS Dental Consultant, after many years of service to the Commonwealth. Mr. Finnerty explained the recruitment process for Dr. Riggs' replacement in which Dr. Terry Dickinson participated in the interviewing of candidates for the position. Mr. Finnerty stated how delighted the Agency is to have Dr. Chema apply for and accept the position. Bryan Tomlinson reported that Dr. Chema is a

graduate of MCV School of Dentistry, has extensive clinical experience in the U.S. Air Force and in a multi-specialty private practice in New Hampshire. Dr. Chema also served 12 years on the Board of Dentistry in New Hampshire.

Minutes from the May 18, 2007 meeting were voted on and approved as written.

Program Updates

Interpreter Services

Mr. Finnerty reported the recent proposal pertaining to reimbursement of interpreter services provided during a dental visit. The payment will be processed through Doral and paid by the Agency. The proposal was presented during the last Committee meeting when no objections were noted. Ms. Brown stated that the proposal is currently in final review with DMAS and Doral legal services. Once approved, the process will be implemented. A resource list of available interpreter services will be posted on the DMAS website for providers to access. The resource list will include a disclaimer that the services of the listed vendors are not endorsed by the Agency but serve as a resource only for providers to contract with as needed. Implementation is expected to occur within the next few weeks and the process will be monitored on an ongoing basis.

Dr. Atkins reported his attempt to be reimbursed for interpreter services for a deaf patient and the claim was denied with reference to the Medicaid Manual indicating such services were not covered. It was agreed that the *Smiles For Children* Office Reference Manual will need to be updated to include the process for provider to utilize.

Dr. Banaji raised a question regarding the payment of the interpreter when a patient does not show for the appointment. Mr. Finnerty explained that due to Federal guidelines, Medicaid cannot pay for a service that was not rendered. This mandate applies to all areas of Medicaid and not just dental.

Dr. Atkins relayed his office practice works through the interpreter to confirm the appointment with the patient. The interpreter understands that if the patient cancels or does not show up, no payment will be issued. The interpreter can also help patients understand directions to the office. Dr. Atkins recommended establishing a relationship with an interpreter whose job is to get the patient to the appointment for them to be reimbursed. The Committee agreed this was a good idea that should be considered by other dental providers.

NASHP Teleconference/National Interest/DC Meeting

Mr. Finnerty reported that the program continues to get national attention. In August, Mr. Finnerty participated in a webcast hosted by the National Academy for State Health Policy, a highly respected organization. There were approximately 400 people, with representation from all 50 states, who attended the webcast. Virginia was one of two states asked to speak about the success of the state dental program, which was an honor

to do so. In September, Mr. Finnerty reported he participated in a meeting in Washington, DC with Burt Edelstein. The meeting was hosted by the National Academy for State Health Policy, who is working with the Kaiser Commission on Medicaid and the uninsured to improve access to dental care. Representatives from different parts of the spectrum of oral health care attended from all over the country. Mr. Finnerty stated he wanted the Committee to know that their help in the dental program is getting national attention and he thanked the Committee for their efforts.

Columbia University Student Study

Dr. Edelstein of Columbia University prefaced his remarks by congratulating the Committee for having a dental program that other state policy makers look to as an example of success. Having Virginia to point to helps translate dental concerns to policy makers. In general so far, policy makers have only wanted to know high-level questions answered such as how much more participation do you get from dentists, how many more children are seen. There is not a lot of information available behind the questions. Dr. Edelstein stated that he is working with Josh Wolf, a student at Columbia University, to identify a few states that have instituted reforms and take a look at the data before and after those reforms to gain depth and sophistication about the information. The project proposal includes the differences in response by geography, differences in response by provider, differences in response by age in the children. There is going to be a new Institute of Medicine report out on adolescents, a group that almost nothing is known about in terms of dental delivery. He referenced the copy of the proposal which was available in the attendee meeting packets and answered several questions. Dr. Edelstein asked the Committee for questions and concerns.

Dr. Brickhouse spoke about her work with DMAS data and her NIH grant which looks at the data prior to the Smiles For Children program. She stated she wanted to collaborate with Dr. Edelstein to examine the impact of the dental program in Virginia and comparing it to other states. Dr. Edelstein agreed to work with Dr. Brickhouse on the project if the Committee approves.

Dr. Edelstein assured the Committee that the data will be blinded, that the identity of the providers and the patients will be unknown to honor HIPAA requirements.

Dr. Brickhouse asked if Dr. Edelstein will be doing an individual claims analysis of a child's movement throughout the system or more of a claims-based summary of procedures completed in certain categories. Dr. Edelstein responded that he had not anticipated following individual children through the system.

Chuck Duval asked how long the project is expected to take. Dr. Edelstein responded that this would be an ongoing project with a demonstration initially and additional development. He stated there was the possibility of a later formal investigation but currently the plan is to translate information to policy makers. The outcome is expected to be relatively short term and helpful in the development of policy briefs and talking

points to policy makers. There is so much energy and interest right now regarding dental reform due to a child's death in Maryland.

Bryan Tomlinson asked if this particular research be disruptive to the dentists across the states. Will dentists not want to participate or will dentists find this intrusive? Dr. Edelstein responded that being a clinical pediatric dentist and a Medicaid provider and working with policy makers, his goal is to be supportive and promotional of state level reform.

Mr. Tomlinson inquired about the research design of the project and the extent to which he expected dentists to spend time with the researchers. Dr. Edelstein responded that the providers will not be contacted.

Dr. Brickhouse addressed potential political concerns that may arise from utilization data and the need for sensitivity towards privacy issues for providers in smaller geographic areas of the state. She suggested the Committee review the study outcomes before the numbers are made public. Dr. Edelstein agreed to partner with the Committee to avoid accidents potentially resulting from his lack of familiarity with Virginia and that could be harmful.

Mr. Finnerty asked if other states are participating in the project. Dr. Edelstein stated he is working with a few other states.

Dr. Browder asked if there will be a way to assess why providers have become providers when they were not in the past. Dr. Edelstein responded this was a good question because the old expression is if you have seen one state you have seen one state. But in fact, there are commonalities across the states. This is not a single or simple question. The goal is to clarify how complex the issue is.

Dr. Drummond asked if there will be any surveying of the Medicaid participants themselves. Dr. Edelstein said he will not be contacting the Medicaid participants or the dentists. He also stated that if along the way as we work together, we find a question worth asking, he would come back to the entire committee for discussion before moving forward.

Mr. Finnerty asked if the Committee was ready to move ahead with the proposal. Dr. Brickhouse stated the need for further discussion and to work out an agreed collaboration with Dr. Edelstein. Dr. Edelstein clarified that this is a preliminary pilot project and the logistics of conducting the data queries from the claims data sets have not been determined. He thanked the Committee for considering the proposal and looked forward to hearing back from them with a decision.

It was agreed that a subgroup would be formed to further discuss and address concerns of the proposal. Dr. Browder, Dr. Dickinson, Dr. Banaji and Dr. Brickhouse volunteered to be a part of the group. DMAS Dental Unit will organize the workgroup, and Ms. Brown

will follow up with the Committee members and Dr. Edelstein to reach a decision about the proposal.

Kool Smiles Update

Dr. Strange reported toward the end of the summer, WellCare and Peach State, two large managed care organizations in the state of Georgia that administer the state Medicaid program, Peach Care of Georgia, came to Kool Smiles and announced with a letter that they were terminating their provider contract without cause. As a result, an audit is being performed on the office records, the business model has been restructured and the company has downsized. Political discussions are occurring to carve out the dental program from the managed care organization in GA. Dr. Strange is hopeful to restore the Georgia practices back to a level where they can continue to treat children in need of dental care. He also reported plans to meet with Rhonda Meadows, the Commissioner of the Department of Community Health in Georgia to clarify the operations in GA. Several questions were asked about the managed care organizations and how much of a market base the large provider groups shared. Dr. Strange responded there are three managed care organizations in GA and the provider terminations impacted over 100,000 children. Organized dentistry is promoting a carve-out of the dental program. Dr. Strange referenced a document with additional detail regarding the GA events and will make it available to any Committee member upon request. Ms. Brown agreed to coordinate any request for the document through email.

Stainless Steel Crown Update

Sandra Brown provided an update on stainless steel crown and pulpotomy utilization. She stated there had been a concern brought to the Committee's attention last year regarding potential excessive number of stainless steel crown and pulpotomies being performed on *Smiles For Children* patients. A report was run at the time which did not indicate an excessive number of stainless steel crowns being done on the population. The agency agreed to monitor the utilization. Another report has been completed for the second year of program operation. There continues to be no indication of excessive number of stainless steel crowns being performed. The report indicates there are fewer patients this year that had the service performed and the majority of the providers who rendered the service were pediatric dentists. Ms. Brown reported that Dr. Chema helped to review the report and performed an international and national literature search on the prevailing trends in the area. Dr. Chema was able to determine that our utilization is within established standards of care. The Committee did not offer any questions or concerns on the report.

Provider Database Change

Sandra Brown introduced the next agenda item related to provider databases and referenced a draft letter, available in the meeting packets, which is intended to go to *Smiles For Children* providers. At the start of the program, Virginia Medicaid providers were transitioned into the new dental program network. Providers are now going

through a re-credentialing process. The grandfathered provider files are being maintained by DMAS and Doral which is a duplication of effort. The Medicaid files are legal agreements with individual providers and therefore, notice of any change to their provider file is required. The draft letter serves as the notice and Committee feedback is sought. The goal is to eliminate the duplication of effort. Providers who would like to bill Medicaid for medical services using a HCFA claim form for a medical diagnosis will still need to have their provider file maintained at DMAS. There are approximately 22 providers who billed Medicaid last year for medical services. These providers are likely to be Oral Surgeons who are submitting medical claims and they will need to maintain their network agreement with DMAS. All other provider files will be centralized and maintained only by Doral who has been doing a great job in managing the network and provider files.

To help make providers aware of the notice, Dr. Atkins recommended including it in the remittance voucher. For the provider submitting the medical, he also suggested to send the notice via certified mail to make sure they received the letter. The suggestions were acknowledged and accepted.

Mr. Tomlinson emphasized the provider database change will eliminate excessive paperwork and communications from our office. The goal is to streamline communication and eliminate duplicate materials. The Committee agreed.

Dr. Banaji recommended an online credentialing process to eliminate paperwork. He recommended reminder notices by email with a prefilled form so the provider could click the appropriate items and submit the completed form electronically. Lori Howley from Doral Dental commented this was an excellent suggestion. Doral currently has limitations in its credentialing system but is making a significant investment in their systems, and enhancements will be phased in over the next four years.

Smiles For Children Presentation

Cheryl Harris, Doral Virginia Project Director, presented a Power Point presentation which can be accessed in its entirety at www.dmas.virginia.gov under the *Smiles For Children* link.

Access to Care/Utilization Update

Cheryl Harris from Doral reported more children are receiving the care they need, and are improving their oral health. The percent of children ages 0-20 receiving dental services has increased from 24% in FY 2005 to 35% in FY 2007 (a 46% increase). For children ages 3-20, utilization of dental services has increased from 29% in FY 2005 to 43% in FY 2007 (a 48% increase).

Network Status

Ms. Harris reported 387 additional dentists have signed up to participate since the implementation of SFC on 7/1/05. The total number of providers participating in the

SFC network as of September 30, 2007 is 1007. This represents a 62% increase in the network from 620 to 1007.

Recredentialing and Recontracting

Ms. Harris provided an updated on the recredentialing and recontracting of *Smiles For Children* providers. Doral continues its outreach efforts to Dental providers regarding compliance with the recredentialing and recontracting efforts. Efforts to encourage submission of the recredentialing packets have included:

- A special mailing to providers highlighting the purpose of the packet. The mailing included a specially-marked return envelope.
- Completion of a pre-populated application, upon request, to expedite submission.
- Follow up phone calls to all providers that have not yet responded to the request for information.

Provider Training Sessions

Ms. Harris reported the results from the 2007 Provider Training Sessions. The telephonic Provider Training Session in Spring 2007 offered advantages:

- No geographic or location limitations. Providers state-wide can attend the training regardless of their location.
- Opportunity for more DMAS and Doral staff with various areas of expertise to attend the session and be available to respond to provider questions.

The On-Site Provider Training Session in the Fall 2007 offered advantages:

- Hands on visual learning
- Opportunities for interaction with Doral, DMAS and other attendees
- Fosters team-building

Therefore, Doral will use telephonic training sessions alternately with the face-to-face sessions.

Broken Appointment Initiative

Ms. Harris provided an update on the broken appointment initiative and reported results from the Broken Appointment Focused Survey.

- Surveys requesting providers to evaluate the Broken Appointment Tracking Initiative were mailed to 120 practice locations.
- To date, 56 surveys have been received.

Lessons Learned:

- Participating in the Broken Appointment Tracking initiative is easy.
- Providers may be more willing to participate in the Broken Appointment Tracking initiative if a web-based tool were available.

Tamper-Resistant Prescription Pad Update

Mr. Tomlinson provided an update on tamper-resistant prescription pads. This initiative is a federal requirement that all Medicaid prescriptions that are not electronic must be on a tamper-resistant pad or paper to prevent fraud and abuse. The federal law was passed

but subsequently delayed by the U.S. Congress for six months. It is now scheduled to take effect April 1, 2008. Requirements are being clarified as they apply to the MCOs, pharmacies and physicians. Mr. Tomlinson agreed to keep the Committee updated and informed on the matter and how it applies to the dental program.

Dr. Browder asked if this applied to children covered under MCOs who are mostly seen through his practice. Mr. Tomlinson and Mr. Finnerty agreed to clarify the mandate related to MCOs and the dental program which is a fee-for-service, carved out program.

Questions & Answers

Dr. Banaji asked Doral for an update on EFT. Cheryl Harris responded that Doral is primarily focused on updating its system to ensure that the system is fully compliant with NPI. Currently, Doral is planning to begin electronic funds transfer and electronic remittance statements in Virginia in Fall 2008. Ms. Harris agreed to keep the Committee informed of progress towards implementation.

Mr. Finnerty commented that Doral was a popular attendee at the Mission of Mercy project in Wise County in July. The Richmond Doral team was there including Lori Howley and Steve Pollack, the President of Doral from Wisconsin. Doral distributed snacks to the volunteers which were very well received.

Mr. Finnerty also recognized Dr. Hairston who was unable to be present at the meeting. Dr. Hairston worked with DMAS in September during a Health Jam (Fair) in Lynchburg. DMAS is expanding the managed care program to the Lynchburg area and surrounding counties and the program went live October 1. Dr. Hairston came and gave free dental screening for DMAS by himself for about five hours and screened between 75 and 100 children. Dr. Hairston's participation is greatly appreciated. Doral was also there at the event.

Adjournment

The meeting was adjourned at 1:10 p.m.

The date for the next DAC meeting is to be determined. Sandy Brown will poll DAC members regarding their availability and potential dates to schedule the next meeting.